

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10 8142 03

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3	1					
4						
5	1					
6	1					
7	1					
8	1					
9	1					
10	2					
11	2					
12						
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47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	10	↓	↓	↓	↓	↓
TOTAL CLAIMS	11	↓	↓	↓	↓	↓

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.		↓	↓	↓	↓	↓
TOTAL DEP.		↓	↓	↓	↓	↓
TOTAL CLAIMS		↓	↓	↓	↓	↓